PAGE 1 / 17

Image# 202107319456968750

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than An A	Authorized Co	mmittee	ı	Office Use Only
NAME OF COMMITTEE (in		PE OR PRINT ▼	Example over the	: If typing, type lines.	12FE4M5	
COMMONWE	ALTH CON	SERVATIVE F	UND			
ADDDESO:		602 BELLE VIEW BLV	′D			
ADDRESS (number an ▼	•	3438				
Check if different than previous reported. (At	sly , ,	ALEXANDRIA			VA	22307
2. FEC IDENTIFIC	ATION NUMB	ER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲
C C0077188	1	3	3. IS THIS REPORT	NEW (N) OR	AME (A)	NDED
4. TYPE OF REF (Choose One)	PORT	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5)	Aug 20	Year Only) Dec 20 (M12)
(a) Quarterly Rep	oorts:	H	Apr 20 (M4)	Jul 20 (M7)		(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly	y Report (Q1)	(c) 12-Day				
July 15 Quarterly	y Report (Q2)	(C) 12-Day PRE-Election Report for th		vention (12C)	General (1: Special (12	
October Quarterly	15 y Report (Q3)	·				<u></u>
January Year-End	31 d Report (YE)	EI	ection on	M / D D /	Y Y Y	in the State of
Report (Year On		(d) 30-Day POST-Election Report for the		eral (30G)	Runoff (30	R) Special (30S)
Terminat (TER)	ion Report	EI	ection on	M / D D /	Y Y Y Y Y	in the State of
5. Covering Period	01	01 20	21 th	nrough 06	30	2021
I certify that I have ex		eport and to the bes	st of my knowledo	ge and belief it is tr	ue, correct and	complete.
Type or Print Name of		Monityro, Daguii, , ,				
Signature of Treasure	<i>McIntyre</i> ,	Dustin, , ,	[Elec	etronically Filed]	Date 07	31 / 2021
NOTE: Submission of t	alse, erroneous	, or incomplete inform	nation may subject	the person signing t	this Report to the	penalties of 52 U.S.C. § 30109
Office Use						FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COMMONWEALTH CONSERVATIVE FUND

Report Covering the Period: From: 01 01 2021 To: 06 30 2021

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	220000.00	220000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	220000.00	220000.00
7.	Total Disbursements (from Line 31)	218380.92	218380.92
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1619.08	1619.08
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	45339.20	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COMMONWEALTH CONSERVATIVE FUND

R	eport Covering the Period: From:	/ 01 / 2021 To:	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	200000.00	200000.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)	200000.00	200000.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	20000.00	20000.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	220000.00	220000.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	220000.00	220000.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	220000.00	220000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a)	rating Expenditures: Allocated Federal/Non-Federal Activity (from Schodule H4)		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	``	1 1 1 1 1 1 1 1 1 1	
(1-)	(ii) Non-Federal Share	0.00	0.00
	Other Federal Operating Expenditures	0.00	0.00
	Total Operating Expenditures	7 7 7	
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	sfers to Affiliated/Other Party	0.00	0.00
. Conf	nmitteestributions to	0.00	0.00
Fede and	eral Candidates/Committees Other Political Committees	0.00	0.00
	pendent Expenditures	4 4	
. Cool	Schedule E)rdinated Party Expenditures	0.00	0.00
(52	U.S.C. § 30116(d)) Schedule F)	0.00	0.00
(300	25.152510 1 /	7	0.00
. Loar	n Repayments Made	0.00	0.00
	M. di		222
Refu	ns Made unds of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	
	Political Party Committees	0.00	0.00
` '	Other Political Committees		
	(such as PACs) Total Contribution Refunds	0.00	0.00
` '	(add Lines 28(a), (b), and (c))	0.00	0.00
	(444 2.1100 25(4), (6), 4.114 (6), 1.1111111	0.00	0.00
	er Disbursements (Including		
Non-	-Federal Donations)	218380.92	218380.92
Fede	eral Election Activity (52 U.S.C. § 30101(20)))	
(a)	Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	Federal Election Activity Paid	0.00	0.00
,	Entirely With Federal Funds	0.00	0.00
	Total Federal Election Activity (add	4 4	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Tota	I Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	249290.02	240200.02
_0, .	, -,,,(-), 20 3 00(0))	218380.92	218380.92
	I Federal Disbursements		
	tract Line 21(a)(ii) and Line 30(a)(ii)		
irom	Line 31)	218380.92	218380.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 220000.00 220000.00 0.00 0.00 220000.00 220000.00 0.00 0.00 0.00 0.00 0.00 0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

			INE NUMBER: PAGE 6 OF 17							PAGE 6 OF 17			
(0	che	ck only	or	ne)									
	X	11a		11b		11c		12	2				
		13		14		15		16	6		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMONWEALTH CONSER	VATIVE FUND	
Full Name of Individual (Last, First, Middle In The Revitalization Project Mailing Address PO Box 2801	Initial) or Full Organization Name	Date of Receipt
		04 16 2021
City	State Zip Code VA 22202	Transaction ID : SA11AI.4099
Arlington FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	75000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Politcal Contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	75000.00	
Full Name of Individual (Last, First, Middle In The Revitalization Project	Initial) or Full Organization Name	Date of Receipt
Mailing Address PO Box 2801		05 06 2021
City	State Zip Code	Transaction ID : SA11AI.4101
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Politcal Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	200000.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address		Date of Heceipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	200000.00
TOTAL This Period (last page this line number	er only)	200000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	PAGE		7	OF	17 17 ons						
Use separate schedule(s)	(0	(check only one)										
for each category of the Detailed Summary Page			11a		11b	X	11c		12			
			13		14		15		16			17
not be sold or used by any pe	rso	n fo	or the p	our	oose o	fsc	liciting	CO	ntri	butic	ns	

Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the	atements ma	ly not be sold or used by any peddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) COMMONWEALTH CONSERVA	ATIVE FL	JND	
Α.	Full Name of Individual (Last, First, Middle Initial HOMETOWN FREEDOM ACTION NETV Mailing Address P.O. BOX 75727	VORK		Date of Receipt 05 07 2021
	City WASHINGTON	State DC	Zip Code 20013	Transaction ID : SA11C.4102 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		528901	20000.00
	Name of Employer (for Individual)	Occı	upation (for Individual)	Memo Item Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 20000.00	
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt
ъ.	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Amount of Lacif Necespt this Feriod
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Descipt
C.	Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		Timodik di Eddi Nodopi dile 1 dile
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)			20000.00
Т	OTAL This Period (last page this line number o	nly)		20000.00

S 17

S	CHEDULE B (FEC Form 3X)	Has concrete schedule(s) FOR LIN				INE NUMBER: PAGE 8 OF 17							
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only for each category of the				•							
			Summary Page			21b 28a	22 28b		23 28c	x 29		27 30b	
Γ.	information conicd from such Departs and Chate									~			
	ny information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full)												
$ \rangle$	COMMONWEALTH CONSERVAT	ΓIVE FU	ND										
_	Full Name (Last, First, Middle Initial)												
Α.	Nebo Media, Inc						Date of Disbursement						
							M = M	/	D II	D /	Υ	YY	Υ
	Mailing Address PO Box 9825						04		26	3	<u>L</u>	2021	
	City	State	Zip Code				FF0.1-			. NI	l		
	Arlington	VA	22219				FEC Io	entific	ation	1 Numi	ber		
	Purpose of Disbursement State Expenditure - Television				_	\neg	C						
	Candidate Name				_	4				ID : SE	-	-	
	Canadato Namo				egory	'	Amoun	t of E	.ach	Disbur	seme	nt this I	Period
	Office Sought: House Disburse	ment For:			71							19871.5	8
	Senate	Primary	General					,		,			
	State: President State:	Other (spe	ecify) 🔻				Me	emo It	.em				
_	Full Name (Last, First, Middle Initial)												
В.	Nebo Media, Inc						Date o	f Disb	ourse	ment			
							M - M	/	D II			YY	Υ
	Mailing Address PO Box 9825						04		26	6	<u></u>	2021	
	City	State	Zip Code				FEC Io	lentific	cation	n Numl	ber		
	Arlington Purpose of Disbursement	VA 22219					С	-	_	-	_		
	State Expenditure - Radio						Transaction ID : SB29.4106						
	Candidate Name				egory	/				_	-	nt this I	Period
	Office Sought: House Disburse	mont For:	Type nent For: Primary General					-				17605.3	4
	Senate Sought.	Primary						-				17 000.0	
	President	Other (spe	Other (specify)					Memo Item					
_	State: District:						Ш ""						
C	Full Name (Last, First, Middle Initial)						Date o	f Dish	nurse	ment			
٠.	Strategic Impact						M = M		D	_	Υ	Y	Y
	Mailing Address 333 West Vine Street						03	Jil	12		L.	2021	
	Suite 300 City	State	Zip Code			_							
	Lexington	KY	40507				FEC Id	lentific	ation	ı Numl	per		
	Purpose of Disbursement State Expenditure - Direct Mail				-	$\overline{}$	C						
	Candidate Name					_				ID : SE			
	Candidate Name				egory ype	'/	Amoun	t of E	ach	Disbur	seme	nt this I	Period
	Office Sought: House Disburse	ment For:			7 F =	\dashv						27200.0	00
	Senate	Primary	General										
	State: President State:	Other (spe	ecify) 🔻				Me	emo It	:em				
г	State: District:								_	_	_	_	
8	UBTOTAL of Disbursements This Page (optional).					•					2	64676.	92
	5 . 1 /					_	_		=				一
1 т	OTAL This Period (last page this line number only	v)									_		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	FOR LINE (check only	LINE NUMBER: PAGE 9 OF 17 k only one)				
	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) COMMONWEALTH CONSERVATION		a commutee to	Solution from Such Committee.			
Full Name (Last, First, Middle Initial) Strategic Impact			Date of Disbursement			
Mailing Address 333 West Vine Street Suite 300			03 15 2021			
,	State Zip Code KY 40507		FEC Identification Number			
State Expenditure - Direct Mail Candidate Name		Category/	Transaction ID : SB29.4127 Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify)	Type	28710.00			
State: District:	other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) Strategic Impact Mailing Address 333 West Vine Street		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Suite 300	State Zip Code		FEC Identification Number			
Lexington Purpose of Disbursement State Expenditure - Direct Mail	KY 40507		C C			
Candidate Name		Category/ Type	Transaction ID: SB29.4128 Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify)		24583.00 Memo Item			
Full Name (Last, First, Middle Initial) Strategic Impact			Date of Disbursement			
Mailing Address 333 West Vine Street Suite 300			04 08 2021			
City Lexington Purpose of Disbursement General Campaign Consulting	State Zip Code KY 40507		FEC Identification Number			
Candidate Name	Category/ Type	Transaction ID : SB29.4107 Amount of Each Disbursement this Period				
	ment For: Primary General Other (specify) ▼		10000.00 Memo Item			
SUBTOTAL of Disbursements This Page (optional)			63293.00			
TOTAL This Period (last page this line number only).						

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	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 17 (check only one)				
111	EMIZED DISBURSEMENTS	for each of	category of the Summary Page	21b 28a	one) 22 23 26 27 28b 28c x 29 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the name							
\rangle	NAME OF COMMITTEE (In Full) COMMONWEALTH CONSERVAT	IVE FUN	ND					
	Full Name (Last, First, Middle Initial) Strategic Impact				Date of Disbursement			
	Mailing Address 333 West Vine Street Suite 300				04 12 / 2021			
	Lexington	State KY	Zip Code 40507		FEC Identification Number			
	Purpose of Disbursement State Expenditure - Direct Mail Candidate Name		[Transaction ID : SB29.4129			
	Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period 29358.00			
	Senate President	Primary Other (spec	General ▼		Memo Item			
	State: District: Full Name (Last, First, Middle Initial)							
	Strategic Impact				Date of Disbursement			
	Mailing Address 333 West Vine Street Suite 300				04 14 2021			
	Lexington	State KY	Zip Code 40507		FEC Identification Number			
	Purpose of Disbursement State Expenditure - Mobile Text Message				Transaction ID : SB29.4118			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Senate President State: Disburser	nent For: Primary Other (spec	General		904.36 Memo Item			
	Full Name (Last, First, Middle Initial) Strategic Impact				Date of Disbursement			
	Mailing Address 333 West Vine Street Suite 300				04 16 2021			
	Lexington	State KY	Zip Code 40507		FEC Identification Number			
	Purpose of Disbursement State Expenditure - Mobile Text Message Candidate Name		[Category/ Type	Transaction ID : SB29.4119 Amount of Each Disbursement this Period			
		Primary	General		904.00			
	State: District:	Other (spec	any) ▼		Memo Item			

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	EDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		FOR LINE NUMBER: PAGE 11 OF 17 (check only one)				
EN	MIZED DISBURSEMENTS	for each	category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b				
	nformation copied from such Reports and Stater commercial purposes, other than using the nar								
\	ME OF COMMITTEE (In Full) OMMONWEALTH CONSERVAT	IVE FUN	ND						
	II Name (Last, First, Middle Initial) trategic Impact				Date of Disbursement				
Ma	ailing Address 333 West Vine Street Suite 300				04 16 / 2021				
	xington	State KY	Zip Code 40507		FEC Identification Number				
S	rpose of Disbursement tate Expenditure - Direct Mail				Transaction ID : SB29.4130				
	Indidate Name fice Sought: House Disburser	mont For		Category/ Type	Amount of Each Disbursement this Period 17812.00				
	Senate President	ment For: Primary Other (spec	General cify) ▼		Memo Item				
	ate: District:				<u> </u>				
	Il Name (Last, First, Middle Initial) trategic Impact				Date of Disbursement				
Ma	ailing Address 333 West Vine Street Suite 300				04 19 2021				
	xington	State KY	Zip Code 40507		FEC Identification Number				
S	rpose of Disbursement tate Expenditure - Voice Call				Transaction ID : SB29.4133				
	indidate Name			Category/ Type	Amount of Each Disbursement this Period				
	fice Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General		1067.64 Memo Item				
Fu	Il Name (Last, First, Middle Initial) trategic Impact				Date of Disbursement				
Ma	ailing Address 333 West Vine Street Suite 300				04 20 2021				
	xington	State KY	Zip Code 40507		FEC Identification Number				
S	rpose of Disbursement tate Expenditure - Direct Mail Indidate Name			Category/ Type	Transaction ID : SB29.4131 Amount of Each Disbursement this Period				
Off	Senate	ment For:	General	.,,,,,	18606.00				
٥.	President District:	Other (spec	ліу) ▼		Memo Item				

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 12 OF 17			
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the) (check onl	· — · —			
		Detailed Summary Page			23 26 27 28c x 29 30b		
Any information copied from such Reports and Sta	tements may	/ not be sold or u	sed by any pers				
or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
$ \; angle$ COMMONWEALTH CONSERVA	TIVE FU	JND					
Full Name (Last, First, Middle Initial)							
A. Strategic Impact							
Molling Address 222 West Vine Street			05 03 2021				
Mailing Address 333 West Vine Street Suite 300					03 2021		
City	City State Zip Code						
Lexington Purpose of Dishursement	KY	40507			ification Number		
State Expenditure - Direct Mail	andidate Name				Transaction ID : SB29.4132		
Candidate Name							
			Category/ Type	Amount of Each Disbursement this Period			
					21709.00		
Senate	Primary Other (sp	,					
State: District:	☐ President ☐ Other (specify) ▼ District:				Memo Item		
Full Name (Last, First, Middle Initial)							
В.		Date of Disbursement					
Mailing Address				M = M	/ D D / Y T Y T Y		
walling Address	Mailing Address						
City State Zip Code				FEC Ident	tification Number		
Purpose of Disbursement							
Candidate Name Category/				C			
				Amount of	f Each Disbursement this Period		
Office Cought	Туре				• • • • • • • • • • • • • • • • • • • •		
Office Sought: House Disburs	ffice Sought: House Disbursement For: Senate Primary General						
President	1	Other (specify)			п., .		
State: District:				Memo) ILEITI		
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)						
C.		Date of Disbursement					
Mailing Address	M = M	/ D D / Y Y Y Y					
0.4							
City	State	State Zip Code		FEC Ident	tification Number		
Purpose of Disbursement	Purpose of Disbursement						
Candidata Nama							
Candidate Name	Amount of	f Each Disbursement this Period					
Office Sought: House Disburs	Office Sought: House Disbursement For:						
Senate Primary General							
President	Other (specify) ▼			Memo	Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional	D				21709.00		
COSTOTAL OF DISBURGORIUM THIS I age (optional	.,			-	7 1 7 1 7		
TOTAL This Period (last page this line number or	ılv)				218330.92		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

17

NAME OF COMMITTEE (In Full) COMMONWEALTH CONSERVATIVE FUND A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington KY 40507 Transaction ID: SD10.4151 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5203.28 5203.28 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington 40507 ΚY Outstanding Balance Beginning This Period Transaction ID: SD10.4153 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4869.36 4869.36 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code ΚY 40507 Lexington Outstanding Balance Beginning This Period Transaction ID: SD10.4155 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 250.00 250.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) COMMONWEALTH CONSERVATIVE FUND A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington KY 40507 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4963.36 4963.36 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington 40507 ΚY Outstanding Balance Beginning This Period Transaction ID: SD10.4159 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4694.96 4694.96 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code ΚY 40507 Lexington Outstanding Balance Beginning This Period Transaction ID: SD10.4161 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 4645.44 4645.44 0.00 14303.76 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 15 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) COMMONWEALTH CONSERVATIVE FUND A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington KY 40507 Transaction ID: SD10.4163 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4595.76 4595.76 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington 40507 ΚY Outstanding Balance Beginning This Period Transaction ID: SD10.4165 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 250.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code ΚY 40507 Lexington Outstanding Balance Beginning This Period Transaction ID: SD10.4167 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 4605.68 4605.68 0.00 9451.44 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 16 OF 17 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (IN FUII) OMMONWEALTH CONSERVATIVE	FUND				
	A. Full Name (Last, First, Middle Initial) of Debtor of Strategic Impact	Nature of Debt (Purpose): State Expenditure - Mobile Text Message				
	Mailing Address 333 West Vine Street					
	Suite 300	1	T = 0			
	City Lexington	State KY	Zip Code 40507			
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4138		
	0.00					
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period		
	1200.00		0.00	1200.00		
ł	B. Full Name (Last, First, Middle Initial) of Debtor of	R Full Name (Last First Middle Initial) of Debtor or Creditor				
	Strategic Impact	Nature of Debt (Purpose): State Expenditure - Mobile Text Message				
	Mailing Address 333 West Vine Street					
ł	Suite 300 City	State	Zip Code			
	Lexington	KY	40507			
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4143		
	0.00					
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
	2536.40		0.00	2536.40		
	C. Full Name (Last, First, Middle Initial) of Debtor of Strategic Impact					
	Mailing Address 333 West Vine Street Suite 300					
ł	City	State	Zip Code	_		
	Lexington	KY	40507			
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4145		
	0.00					
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
	4179.44		0.00	4179.44		
1)	SUPTOTALS This Poyled This Page (entional)			7915.84		
1)				7 7 7		
2)	TOTALS This Period (last page this line number of	nly)	>			
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly) ▶			
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only) ▶			

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) COMMONWEALTH CONSERVATIVE FUND A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington KY 40507 Transaction ID: SD10.4147 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1417.92 1417.92 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Expenditure - Mobile Text Message Strategic Impact Mailing Address 333 West Vine Street Suite 300 City State Zip Code Lexington 40507 ΚY Outstanding Balance Beginning This Period Transaction ID: SD10.4149 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1927.60 1927.60 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 3345.52 1) SUBTOTALS This Period This Page (optional)..... 45339.20 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 45339.20 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶